

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057990

1. Entity Name
GES RESEARCH CORPORATION

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90119 041 ***150.00

Principal Place of Business
**3300 NE 58TH TERR
HIGH SPRINGS FL 32643**

Mailing Address
**P O BOX 1541
HIGH SPRINGS FL 32655-1541
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3461687		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MALLOY, RAYMOND C 3300 NE 58TH TERR HIGH SPRINGS FL 32643				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOY, RAYMOND C	NAME	
STREET ADDRESS	3300 NE 58TH TERR	STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSEL, DANIEL	NAME	
STREET ADDRESS	4610 W. GRAY ST	STREET ADDRESS	5311 mockingbird Dr.
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	ANCHORAGE, AK - 99507
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOY, KIRK	NAME	
STREET ADDRESS	4610 W. GRAY ST	STREET ADDRESS	12045 LOUISE AVE
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	GRENADA HILLS, CA 31344
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond Malloy Date: April 2, 2001 Daytime Phone #: 388-54-1125

CR2E034 (10/00)